

EXPERIENCING COVID-19 SYMPTOMS?

IF YOU

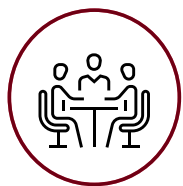
Have been exposed to someone with COVID-19 **within the last 14 days**

and/or

Have the following **symptoms**



WORK



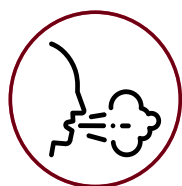
COMMUNITY



TOUCH



FEVER



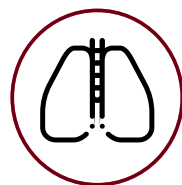
COUGH



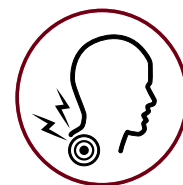
SORE THROAT



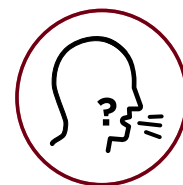
CHILLS



DIFFICULTY BREATHING



MUSCLE PAIN



NEW LOSS OF TASTE OR SMELL

**Please call your local Sanford Health clinic at
to speak with a health care provider.**

Please notify work of your status by calling

